

3. Title V agencies certified and providing HealthCheck Outreach services may request listings of Medicaid providers in their service area for purposes of referral.
4. Title XIX and Title V will maintain a toll-free MCH Hotline service that Title XIX recipients may call to locate Title V grantees, HealthCheck, WIC, Alcohol and Other Drug Abuse (AODA), Healthy Start, Presumptive Eligibility, Genetic Services, Prenatal Care Coordination (PNCC), and other health care providers.
5. The BPH program staff will encourage qualified providers to participate in the HealthCheck program.
6. The BPH will encourage Title V agencies who are HealthCheck certified to provide comprehensive HealthCheck screenings and outreach.

C. Scope of the Programs in Relation to Each Other

1. Title V agencies certified as HealthCheck providers will attempt to identify all primary health care and nutritional needs of Title XIX recipients and will refer patients, as appropriate, to the WIC, Public Health Agencies, Community Based Agencies, Head Start, school health programs, the CSHCN program, and any other appropriate public or private provider.
2. The Title V and Title XIX agencies will inform providers of Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, which is listed as a resource for providers conducting HealthCheck comprehensive examinations. HealthCheck providers, however, will be expected to adhere to the HealthCheck periodicity schedule. The Title V and Title XIX agencies will cooperate when providing clinical training sessions for all potential HealthCheck providers.
3. The Title XIX (state) Agency will collaborate with the Title V Agency in providing technical consultation and support to Title V and Title XIX programs, as needed.
4. The Title V (state) Agency will collaborate with the Title XIX Agency in providing program level and management staff to participate in Title XIX HealthCheck or Title V workgroups.
5. The Title XIX Agency will provide technical training on Medicaid policy and billing for HealthCheck certified providers, including the HealthCheck "other services" component.

II. OBJECTIVES AND RESPONSIBILITIES

The purpose of HealthCheck is to provide comprehensive preventive services, to identify health problems early and to assure coordinated follow-up services to Medicaid children and youth birth to 21 years of age. Title V state agencies and Title XIX state agencies have a mutual commitment - to improving services to this population. Title V providers serve a predominantly low income population, many of whom are Title XIX eligible. Title V providers are responsible for billing Title XIX for covered services, so as to maximize availability of Title V funding for non-Title XIX clients.

III. OPERATIONAL CONSIDERATIONS

In order to maximize the effective operation of Wisconsin's Title XIX, Title V and WIC Programs, the following methods for coordination have been established.

- A. For identification of individuals under 21 years of age needing health services, HealthCheck Outreach providers must utilize the quarterly and monthly reports to assist their outreach and case management efforts.
- B. The Title V and WIC providers must refer all Medicaid HMO enrolled children for the comprehensive HealthCheck screening to the appropriate HMO.

- C. The Title V and WIC providers must refer all Medicaid enrolled children for comprehensive HealthCheck screening.
- D. The WIC Program may provide individual client information, such as lab results, and manual or computer-generated lists or extract files of children eligible for HealthCheck to the appropriate HealthCheck provider for the purpose of determining eligibility for the program or for further services. Client information disclosed will be limited to the purpose of the referral. The provision of additional information requires client written consent. The HealthCheck provider receiving the information will not redisclose the information to a third party.
- E. HealthCheck outreach agencies should refer all Medicaid-eligibles to Title V and WIC programs, as appropriate.
- F. Payment and reimbursement procedures and policy clarification are provided to all HealthCheck providers and the Title V Program. Additional assistance with billing instructions is provided by the Title XIX fiscal agent.
- G. Exchange of reports of services furnished are provided periodically and upon request by either agency. On-going efforts include identification of data needs, reporting formats and time frames.
- H. Periodically review and jointly plan for changes in this agreement based on individual agency needs, legislative inquiries, and state or federal mandates.
- I. Jointly evaluate policies that affect both agencies depending on changes in the clinical aspects, provider needs, utilization of the program by recipients, quality assurance reports, and state or federal mandates.

This agreement may be terminated at any time by order of the Administrator of the Division of Health (DOH). Either party may terminate this agreement at any time by providing written notice to the other party. The agreement may be amended in writing at any time by mutual agreement of the parties. This agreement remains in effect until terminated or amended in accordance with this provision.

*Ken Baldwin for K.B.*  
 Kenneth Baldwin, Bureau Director  
 Bureau of Public Health  
 (Representing the Wisconsin Title V  
 MCH/CSHCN and WIC Programs)

7-24-95  
 Date

*Kevin B. Piper*  
 Kevin B. Piper, Director  
 Bureau of Health Care Financing  
 (Representing the Wisconsin Title XIX  
 Wisconsin Medicaid Program)

7/19/95  
 Date

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: WISCONSIN

**WISCONSIN MEDICAID  
MEMORANDUM OF UNDERSTANDING  
BETWEEN  
DIVISION OF SUPPORTIVE LIVING  
AND  
DIVISION OF HEALTH CARE FINANCING**

The following is the inter-agency agreement between the Division of Supportive Living, Bureau of Quality Assurance (BQA) [the State Survey Agency (SA)], and the Division of Health Care Financing (DHCF), [the State Medicaid agency], as required by Section 431.610 of the code of Federal Regulations, Title 42. This agreement supersedes all previous agreements.

I. General Information

- A. The Survey Agency (BQA), shall use qualified staff, federal requirements and approved forms, methods, and procedures designated by the Administrator of the Health Care Financing Administration (HCFA), to determine provider eligibility and certification under the Medicaid Program.
- B. BQA surveyors inspecting the premises of a provider will:
  - 1. Complete inspection reports;
  - 2. Note on completed reports whether or not each requirement for which an inspection is made is satisfied;
  - 3. Document deficient practices in reports;
  - 4. Verify correction of deficiencies; and
  - 5. Recommend enforcement actions as necessary.
- C. The SA will keep on file all information and reports used in determining whether participating facilities meet Federal requirements.
- D. BQA will make the information and reports readily accessible to the United States Department of Health and Human Services (DHHS), DHCF, and the public as necessary:
  - 1. For meeting other requirements under the State Plan;
  - 2. For purposes consistent with DHCF's effective administration of the Medicaid Program; and
  - 3. For compliance with public disclosure requirements.

- E. BQA will notify DHCF of certification information regarding providers/suppliers via the Medicare/Medicaid Certification and Transmittal (C & T), HCFA-1539. The scope of this information includes, but is not limited to, certification status, changes in ownership, changes in provider numbers, etc.
- F. Hospital providers furnishing specialized treatment for ventilator-dependent patients receive a fixed rate per day. Nursing Home providers furnishing specialized treatment for ventilator-dependent residents may receive a negotiated rate in lieu of the provider's daily rate. To receive the special reimbursement rate for the care of people on ventilators, nursing homes must have their ventilator unit approved by the Department in advance. Approval is based on an assessment developed jointly by DHCF and BQA. BQA is responsible for the initial review and approval of the ventilator unit based on the necessary staffing including nursing; social services; dietary; respiratory and other professional and non-professional services required. BQA must also consider staff expertise; ongoing evaluation of residents requiring ventilator care; physical plant requirements; use of ventilator dependent guidelines mutually approved by BQA and DHCF in the review of the units. BQA will coordinate its approval of the ventilator unit with DHCF by the following activities that may occur in no specific order:
1. BQA will notify and inform DHCF when a provider requests approval of a ventilator unit; or if DHCF receives the request they will notify BQA;
  2. BQA will conduct an on-site review of the requesting provider physical plant as well as program components including staff, procedures and policies, training and others as necessary;
  3. BQA will notify DHCF of all providers receiving approval for operation of a ventilator unit, its size and effective date of start up;
  4. BQA will notify DHCF when serious deficiencies are cited as a result of a resident who is ventilator dependent;
  5. DHCF will notify BQA of any care concerns they identify during prior authorization review relating to the care of the ventilator-dependent resident/patient.
- G. BQA will refer all information (to include information on waiver programs, provider reimbursement policy and long term care redesign) over which DHCF has jurisdiction to DHCF upon receipt in BQA, in writing with attachments as appropriate. Likewise, DHCF will refer information over which BQA has jurisdiction to BQA upon receipt. BQA and DHCF will share investigative results between them, when referrals are made.

- H. BQA will assist DHCF with the annual review and formulation of the State Plan if it affects the operation of BQA.
- I. BQA will notify DHCF prior to submitting recommended changes to state statutes and administrative rules. Likewise, DHCF will notify BQA prior to submitting recommended language changes to statutes and administrative rules.

II. Nursing Facilities (NFs) and Intermediate Care Facilities for the Mentally Retarded (ICF/MR)

A. In certifying NFs and ICF/MRs, BQA will:

- 1. Review and evaluate the providers medical and independent professional review team reports obtained under part 456 of the Code of Federal Regulations, Title 42, as they relate to health and safety and other part 456 requirements;
- 2. Take necessary action to achieve compliance or to withdraw certification;
- 3. Have qualified personnel perform on-site inspections:
  - a. At least once during each certification period or more frequently if there is a compliance question; and
  - b. For nursing facilities and intermediate care facilities for the mentally retarded with deficiencies as described in §§442.12, 442.110, and 443.108 of the Code of Federal Regulations, Title 42, BQA staff must conduct follow up visits as needed to ensure compliance with the Code of Federal Regulations.
- 4. Review the facility's policies for compliance with Civil Rights requirements.

B. Wisconsin Administrative Codes require an application for a change of ownership (CHOW) to submit evidence to establish sufficient resources to permit operation of a facility for a period of six months. When BQA receives the completed CHOW application forms, the financial material will be forwarded to DHCF. DHCF will conduct a review of the financial material for the purpose of satisfying these requirements. DHCF's decision is then rendered to BQA, who will then continue their review process.

C. DHCF will notify BQA of any facility that is in financial distress as determined by DHCF for purposes of determining a remedy or possible adverse effect on quality of care.

D. BQA will notify DHCF when a remedy will be imposed under the federal enforcement/certification regulations. BQA will prepare the formal notice to providers. In the absence of a formal notice from the federal Health Care Financing Administration, BQA and DHCF will jointly issue the formal notice. Additionally, when the

remedy is a civil money penalty, DHCF will review the provider's financial condition and advise BQA of it. BQA will notify DHCF, via the C & T form and other means, of any other remedies to be imposed on a facility not in substantial compliance.

BQA will send the notice to NF only providers when a civil money penalty is to be collected. HCFA will send the notice to SNF providers when a civil money penalty is to be collected. If SNF or NF providers do not negotiate to pay a civil money penalty when it is due then DHCF will authorize the deduction of moneys to the provider. DHCF will authorize the deduction of the civil money penalty from moneys due the provider, should the provider fail to pay the penalty on a timely basis. If civil money penalty funds that have been collected are to be expended both bureaus must sign off on disbursement documents.

BQA and DHCF, working together with their fiscal intermediary, will establish procedures to implement and track enforcement actions.

- E. BQA will notify DHCF of any administrative charges (copying charges, telephone charges, etc.) submitted to BQA for payment by a provider. DHCF will take appropriate rate setting action.
- F. BQA, in order to comply with appropriate federal regulations, will routinely review NF and ICF-MR procedures for maintaining resident/client fund accounts. DHCF will assist in auditing selected NFs and ICF-MRs in their management of resident fund accounts when requested by BQA as a referral or independently on a random basis. Specifically, DHCF will conduct the following activities either independently or at the request of BQA:
  - 1. Identify whether the facility has a surety bond or equivalent assurance to cover the cost of all patient fund accounts;
  - 2. Identify whether the facility is reconciling resident trust accounts to petty cash and bank accounts;
  - 3. Identify whether resident fund accounts totaling fifty (50) dollars or more are in interest bearing accounts and that the appropriate allocation of interest is applied to resident accounts;
  - 4. Identify when the facility is notifying Medicaid residents when their resident fund account reaches the \$2,000 maximum, the balance of the resident fund account on a quarterly basis, and assuring access by the resident to their resident fund account;
  - 5. Identify whether resident fund accounts are being maintained separately and not commingled with facility operations accounts or other facility accounts;

6. Review a sample of items being charged out of the resident fund accounts and check these against the federal list;
  7. Assure that all Title 19 residents have either a trust account or other appropriate documentation; and
  8. Review facility and resident fund account records to determine whether the NF is only charging residents the difference between a Medicaid-covered item and a specially ordered item with approval from the resident/responsible party for the ordered item.
- G. BQA will notify DHCF when state forfeitures assessed upon NFs are paid.
- H. BQA will notify DHCF of a NF first submitting a relocation plan under Chapter 50, Wisconsin Statutes. BQA will keep DHCF apprised of progress made with a NF relocation plan. BQA will notify DHCF of all types of relocations described in Chapter 50, Wisconsin Statutes.
- I. BQA will prepare the Provider Control Sheet for NFs and send that to DHCF at least monthly based on the survey process and care level determinations. BQA will have responsibility for the authorization segment of the Medicaid recipient subsystem of the Medicaid Management Information System with respect to level of care determinations. BQA will forward to the DHCF's fiscal agent on a weekly basis via electronic transmission all level of care determinations and changes in Medicaid resident status.
- J. BQA and the DHCF have entered into a Memorandum of Understanding (MOU) with the Division of Supportive Living, Bureau of Developmental Disabilities Services regarding specialized treatment for persons with head injuries. Refer to Addendum I for specific activities in this area. Addendum I is the traumatic brain injury MOU.
- K. BQA will communicate with DHCF, on a monthly basis, regarding nurse aide training and competency evaluation program issues.
- L. BQA and DHCF will jointly begin exploring criteria, policies and procedures for the implementation of an incentives program for nursing facilities that provide the highest quality of care.

### III. Hospitals

- A. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or American Osteopathic Association (AOA) hospitals are "deemed" to meet Medicare certification standards. Hospitals are not "deemed" to meet Medicare certification standards if they have only received JCAHO provisional accreditation or if they hold program accreditation only.

- B. BQA surveys non-accredited hospitals and makes a recommendation for certification.
- C. BQA will notify DHCF when, through the course of normal survey activity, it determines that a general or psychiatric hospital:
  - 1. Does not meet the conditions of participation and further finds that the hospital's deficiencies immediately jeopardize the health and safety of its patients;
  - 2. Does not meet the conditions of participation and further finds that the hospital's deficiencies do not immediately jeopardize the health and safety of its patients; and/or
  - 3. If a psychiatric hospital has not complied with the conditions for a psychiatric hospital within 3 months after the date the hospital is found to be out of compliance with the conditions of participation.
- IV. Home Health, Personal Care Providers, and Care Maintenance Partnership
  - A. BQA and DHCF will work together to establish consistency between the home health rules and regulations and the rules governing personal care providers.
  - B. BQA and DHCF will work together to explore development of survey criteria and protocols for survey and certification of personal care providers under HFS 105.17 Wis. Adm. Code and s. 46.96(1)(a), Wis., Stats.
  - C. BQA and DHCF will work together to explore development of survey criteria and protocols for quality of care provided through the Partnership program that is a federal demonstration project under Medicare/Medicaid (a federal waiver authorized under 42 USC 1315).
  - D. BQA and DHCF will create a mechanism for Medicaid reimbursement of BQA staff time spent on activities specified in paragraphs A, B, and C.
- V. Program Certification Providers
  - A. BQA and DHCF will work together to establish consistency between the Program Certification Provider rules and regulations.
  - B. BQA and DHCF will work together to explore development of survey criteria and protocols for survey and certification of Program Certification providers under the Social Security Act 1929, 42 CFR 441.180 and HFS 105.22, 105.23, 105.24, 105.25 and HFS 105.255 Wis. Adm. Code.
- VI. For Medicaid provider quality assurance activities that do not currently receive Medicare or Medicaid funding, DHCF will pursue the feasibility of claiming Medicaid administrative costs for the Medicaid proportionate share of the direct survey activity costs for programs that use state

certification in lieu of federal Medicaid certification. DHCF will explore the feasibility of using program revenue fees to capture federal matching funds under Medicaid administration.

VII. Data Exchange - BQA and DHCF will work jointly to promote efficiencies in information systems.

- A. BQA and DHCF will continue to work together during the redesign of BQA's primary data system as it relates to the transfer of information between BQA and DHCF's fiscal agent.
- B. BQA and DHCF will develop a process by which information can be processed related to provider cost reports and home health agency patient specific data.
- C. BQA and DHCF will continue to jointly develop reports from paid claims data.
- D. DHCF will inform BQA when the long term care Pop-IDs are assigned.
- E. BQA and DHCF will explore on-line data base access for exchange of data, including but not limited to the Minimum Data Set and Outcome and Assessment Information Set.
  1. Other technical assistance needs that arise during the MOU period will be further specified as amendments to this MOU. These agreements will be written and signed by the proper representatives of the Division of Supportive Living and the Division of Health and will identify the nature of the assistance to be provided. These agreements will be attached as amendments or clarification to this MOU.
  2. The contact person for the Division of Supportive Living, Bureau of Quality Assurance is Rita Prigioni, Deputy Director. The contact person for the Division of Health Care Financing is Peggy Bartels, Administrator.
  3. Effective Date: July 1, 1998. This agreement is effective until terminated by either party with a thirty-day advance written notice. This agreement shall be revised upon the mutual concurrence of both parties.

- The responsible county agency submits the TBI Waiver Medicaid eligibility status to the Medicaid fiscal intermediary for system processing.

TN #97-017  
Supersedes  
TN #96-004

Approval Date 12-19-97

Effective Date 7/1/97

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